

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | SERIAL NO. 10/084,826 | FILING DATE | |
|--|----------|------|------------------------|------|------------------------|--------------------------|-------------|--|
| | | | | | | APPLICANT(S) | | |
| CLAIMS | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | |
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| CLAIMS | | | | | | * 6-706 * | |
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| TOTAL IND. | 4 | ↓ | 4 | ↓ | | | |
| TOTAL DEP. | 69 | ↓ | 64 | ↓ | | | |
| TOTAL CLAIMS | 63 | ↓ | 68 | ↓ | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS